

Street Number

City







New Member Registration and Prescription Order Form

If you'd like to register online, or for more information, visit **RightSourceRx.com**.

If you have questions, call RightSourceRx at 1-800-379-0092 (TTY 1-877-833-4486). Customer Care Representatives are available Monday - Friday, 8 a.m. - 11 p.m., and Saturday, 8 a.m. - 6:30 p.m Eastern Time.

Instructions: -Print all information clearly in CAPITAL LET -Fill in the applicable circles completely. (●)		C ₁ D ₁ 112131
STEP 1 - Member Information		
Member ID (found on Humana ID card)	Date of Birth M M / D D / Y Y Y Y	Gender Male Female
First Name	Last Name	M.:
Street Number Street Name		Apt/Suite #
City	State ZIP Code	
Daytime Phone	Evening Phone	ddress is given.
Language preference for communications: STEP 2 - Dependent Information - spouse, cl (For additional dependents, please complete a	* *	
Member ID (found on Humana ID card)	Date of Birth M M / D D / Y Y Y Y	Gender Male Female
First Name	Last Name	M.:
E-mail Address (optional) RightSourceRx will s	send you alerts about your order if e-mail ac	ddress is given.
Language preference for communications:	English O Spanish	

STEP 3 - Please complete shipping address below if different from Member address above.

Street Name

ZIP Code

State

Apt/Suite #



STEP 4 - Establish Payment Method									
Credit/Debit Card #				11111	П	Exp. Date	M M / Y Y		
Humana <i>Access</i> ® Visa® Card #					П	Exp. Date	M M / Y Y		
Cardholder First Name Cardholder Last Name									
Cardholder Signature:				Expedite the shipping of my order for \$17 (normal processing time still applies)					
				 Use this card for this order only 					
STEP 5 - Allergies				STEP 7 - Health	STEP 7 - Health Conditions				
	Men	nber	Dependent			Member	Dependent		
No Known		5	0	No Known		0	0		
Aspirin			0	Arthritis		0	0		
Codeine)	0	Asthma		0	0		
Peanuts			0	Diabetes		0	0		
Penicillin			0	GERD (Acid Reflux)		0	0		
Sulfa	0		0	Glaucoma		0	0		
STEP 6 - Prescription Information			Heart Disease	Heart Disease					
		Membe	er Dependent	High Blood Press	sure	0	0		
I prefer easy open caps.		0	0	High Cholesterol		0	0		
I prefer brand-name medications only (I understand this may lead				Migraines		0	0		
		0		Osteoporosis		0	0		
to a higher cost).	nay lead			Thyroid Disease		0			
I am enclosing prescr with this form.	iptions	0	0						
STEP 8 - Other Infor	mation								
	Member				Dependent				
Other Allergies or He Conditions not listed	alth above:								
I am currently taking medications:	these								

STEP 9 - Mailing Instructions

- 1. Please write your name, date of birth, Humana Member ID, and shipping address on the back of each prescription.
- 2. Send this form along with your prescription(s) and payment to:

RightSourceRx, P.O. Box 29200, Phoenix, AZ 85038-9200

NOTE: Prescriptions may be filled or processed by any of the *Right*SourceRx pharmacies. In order to comply with certain federal and state laws, and to ensure the integrity of medications dispensed, all *Right*SourceRx sales are final. Payment is due upon shipment. Some health plans require the patient to pay the difference between generic and brand costs. State law permits pharmacists to substitute a less expensive generically equivalent drug for a brand drug unless you or your physician direct otherwise.